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ABSTRACT

This document looks at various types of counseling approaches and includes sections on Rogerian counseling, Gestalt therapy, and rational emotive therapy. The section on Rogerian counseling includes a discussion of the principles of counseling from Rogers' "Client Centered Therapy." Gestalt therapy is explained in more detail and a synopsis is provided for individuals interested in training to be counselors. The section on rational emotive therapy lists 11 irrational ideas that may cause and sustain emotional disturbance. An illustration of multi-modal therapy techniques is included. A section on counseling skills considers the importance of ending a counseling session sensitively and effectively. (NB)

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Counselling- alternative approaches

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I Believe in the goodness of man.

ROGERIAN

Counselling is like an onion. Peel off the layers created by emotional blocks to reach central core - the real self.

The main core of mans personality is the organism itself, which is essentially both self-preserving & social.

Offer a warm friendly, non-judgmental genuine relationship and you will be counselling effectively.

Experience for me is the highest authority when an activity feels as though it is worth doing, it is worth doing.

Good Eye Contact
Body Awareness.
Keep the comfortable situation.

Client Centred

Respect the actor regardless of act.

Accept the client in their world.

Be Genuine - the more genuine you can be the more help you can be.

Have Empathy enter into clients experience and personality.

Non-directive

Unconditional positive regard

Reflect

Seek clarification - reflect back don't probe.

Do not actively change anything, or interpret or explain things. The therapist must rely on what is immediately available as a way to the truth.

Wait for the freedom of true self to take over.
Good self-feeling can counteract neurotic disorders.

'The Dozen of Counsellors'

"A workable clearly defined psychotherapeutic approach based on humanist existential principles".

ROGERIAN COUNSELLING

PRINCIPLES OF COUNSELLING

I have found that the more that I can be genuine in the relationship, the more helpful it will be. This means that I need to be aware of my own feelings, in so far as possible, rather than presenting an outward facade of one attitude, while actually holding another attitude at a deeper or unconscious level. Being genuine also involves the willingness to be and to express, in my words and my behaviour, the various feelings and attitudes which exist in me. It is only in this way that the relationship can have reality, and reality seems deeply important as a first condition. It is only by providing the genuine reality which is in me, that the other person can successfully seek for the reality in him. I have found this to be true even when the attitudes I feel are not attitudes with which I am pleased, or attitudes which seem conducive to a good relationship. It seems extremely important to be real.

As a second condition, I find that the more acceptance and liking I feel toward this individual, the more I will be creating a relationship which s/he can use. By acceptance I mean a warm regard for him/her as a person of unconditional self-worth - of value no matter what his/her condition, his/her behaviour, or his/her feelings. It means a respect and liking for him/her as a separate person, a willingness for him/her to possess his/her own feelings in his/her own way. It means an acceptance of and regard for his/her attitudes of the moment, no matter how negative or positive, no matter how much they may contradict other attitudes s/he has held in the past. This acceptance of each fluctuating aspect of this other person makes it for him/her a relationship of warmth and safety, and the safety of being liked and prized as a person seems a highly important element in a helping relationship.

I also find that the relationship is significant to the extent that I feel a continuing desire to understand - a sensitive empathy with each of the client's feelings and communications as they seem to him/her at that moment. Acceptance does not mean much until it involves understanding. It is only as I understand the feelings and thoughts which seem so horrible to you, or so weak, or so sentimental, or so bizarre - it is only as I see them as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening crannies of your inner and often buried experience. This freedom is an important condition of the relationship. There is implied here a freedom to explore oneself at both conscious and unconscious levels, as rapidly as one can dare to embark on this dangerous quest. There is also a complete freedom from any type of moral or diagnostic evaluation, since all such evaluations are, I believe, always threatening.

Thus the relationship which I have found helpful is characterised by a sort of transparency on my part, in which my real feelings are evident; by an acceptance of this other person as a separate person with value in his/her own right; and by a deep empathic understanding which enables me to see his/her private world through his/her eyes. When these conditions are achieved, I become a companion to my client, accompanying him/her in the frightening search for him/herself, which s/he now feels free to undertake.

I am by no means always able to achieve this kind of relationship with another, and sometimes, even when I feel I have achieved it in myself, s/he may be too frightened to perceive what is being offered to him/her. But I would say that when I hold in myself the kind of attitudes I have described, and when the other person can to some degree experience these attitudes, then I believe that change and constructive personal development will invariably occur - and I include the word "invariably" only after long and careful consideration.

But what are the characteristics of those relationships which do help, which do facilitate growth? And at the other end of the scale, is it possible to discern those characteristics which make a relationship unhelpful even though it has the sincere intent to promote growth and development? It is to these questions, particularly the first, that I would like to take you with me over some of the paths I have explored, and to tell you where I am, as of now, in my thinking on these issues.

1. Can I be in some way which will be perceived by the other person as trustworthy, as dependable or consistent in some deep sense? Both research and experience indicate that this is very important, and over the years, I have found what I believe are deeper and better ways of answering this question. I used to feel that if I fulfilled all the outer conditions of trustworthiness - keeping appointments, respecting the confidential nature of the interviews, etc. - and if I acted consistently the same during the interviews, then this condition would be fulfilled. But experience drove home the fact that to act consistently acceptant, for example, if in fact I was feeling annoyed or sceptical or some other non-acceptant feeling, I was certain, in the long run, to be perceived as inconsistent or untrustworthy. I have come to recognise that being trustworthy does not demand that I be rigidly consistent, but that I be dependably real. The term congruent is one I have used to describe the way I would like to be. By this I mean that whatever feeling or attitude I am experiencing would be matched by my awareness of that attitude. When this is true, then I am a unified or integrated person in that moment, and hence I can be whatever I deeply am. This is a reality which I find others experience as dependable.

2. A very closely related question is this. Can I be expressive enough as a person that what I am will be communicated unambiguously? I believe that most of my failures to achieve a helping relationship can be traced to unsatisfactory answers to these two questions. When I am experiencing an attitude of annoyance toward another person, but am unaware of it, then my communication contains contradictory messages. My words are giving one message, but I am also, in subtle ways, communicating the annoyance I feel, and this confuses the other person and makes him distrustful, though s/he too may be unaware of what is causing the difficulty. When, as a parent or a therapist or a teacher or an administrator I fail to listen to what is going on in me, fail because of my own defensiveness to sense my own feelings, then this kind of failure seems to result. It has made it seem to me that the most basic learning for anyone who hoped to establish any kind of helping relationship is that it is safe to be transparently real. If, in a given relationship, I am reasonably congruent, if no feelings relevant to the relationship are hidden, either to me or the other person, then I can be almost sure that the relationship will be a helpful one.

   One way of putting this which may seem strange to you is that if I can form a helping relationship to myself - if I can be sensitively aware of and acceptant toward my own feelings - then the likelihood is great that I can form a helping relationship toward another.

From: Rogers, "Client Centred Therapy".

Brenda Mallon

WHAT IS GESTALT

During the past several years Gestalt therapy has emerged as a major force in the field of mental health. People from all walks of life are attending workshops in Gestalt therapy; the appeal of Gestalt is broad based. However, there are many people who really do not understand what Gestalt is all about or have preconceived ideas which tend to cloud their judgement. This short article should help to clear up any confusions and make the principles of Gestalt therapy that much clearer.

Present day advances in medicine more often than not consist of an omnipotent specialist and a passive ignorant patient. However many people within and outside the medical profession are becoming more concerned with treating the individual as a whole person. This holistic approach emphasises the person rather than their disease, it also stresses the importance of the interpersonal relationship between client/patient and therapist/doctor and gives back to the client/patient responsibility for maintaining their own health.

To many Carl Rogers is regarded as the father of the Encounter Movement, in the same way Fritz Perls should be given credit as the creative force behind the Holistic Movement. Perls worked with Reich in Germany and in the 1950's he moved to the United States of America where he established Gestalt psychology, which had been founded much earlier by another German, Max Wertheimer. Perls had at one point been a Freudian training analyst, using this background and influences from Reich and Jung he established Gestalt but Gestalt has its own unique character despite these influences. This is because Perls had integrated the idea of the psychology from which it takes its name - Gestalt being the German word for "meaningful whole" - with existential humanism and psychoanalytical characterology.

There is a great difference between Gestalt philosophy and Gestalt methodology. One can subscribe to the philosophy and never use the method and vice versa. Gestalt philosophy refers to certain principles of existential living, Gestalt methodology is the technique of implementing these principles within psychotherapeutic settings and elsewhere.

The nine principles of Gestalt philosophy do not claim to be original or indeed unique. All of them can be found in ancient writings such as the Bible, Koran and Zen scriptures and they are:-

(1) Live now, be concerned with the present rather than the past or future.
(2) Live here, be concerned with what is present rather than what is absent.
(3) Experience reality, stop imagining.
(4) Stop unnecessary thinking.
(5) Express rather than explain, justify, judge or manipulate.
(6) Give into pain and other unpleasantness just as to pleasure.

(8) Take full responsibility for all your actions, thoughts and feelings.

(9) Give in to being what you are.

By using Gestalt methodology clients learn the techniques which enable them to learn to live with these principles. Gestalt methodology can be considered in three parts:-

CONTACT

A great deal of therapeutic material can be provided by the contact a client has with the therapist and the manner in which the contact is made. The client will perceive the therapist not only as a real figure but as a transference figure. As a real figure the therapist becomes a model for behaviour whether or not they themselves are aware of it. The manner of the client/therapist relationship will be dealt with by the therapeutic transactions that take place, however this will inevitably include any manipulations and other neurotic characteristics of the clients life script.

PROCESS

In Gestalt therapy, the therapist's almost continuous attention is given to 'process'. Here process refers to how the clients do what they do and the therapists role is to direct the client into becoming more aware of their processes at appropriate times. All is referred to the client. The therapist directs from 'off stage' although at all times their attention is focused on the client. Problem situations are not just related in Gestalt therapy and then followed through to a deeper level instead the client is encouraged to enact it. This is usually done with chairs or cushions and the client moves back and forth between them as the different parts of conflicting situations are enacted. By allowing the client to give each part its say they themselves are led to realise that for all the different parts or splits there is only one whole. The therapist's role is to catalyze awareness of this kind.

At all times all is referred to the client. If a client feels the therapist is being critical they are encouraged to act the role of therapist and verbalise the criticisms they have been imagining. In the same way people from past events and images from a clients dreams or fantasies are brought into the present. In Gestalt therapy references to or comments about are not tolereated: everything must be dealt with in the here and now. Perls referred to this approach as the "identification technique". To bring these split off projections back to the self - "You are you and I am I" goes Perls "Gestalt Prayer" and to let ones self identify with and accept with all its sensations - this is the core of the Gestalt method.

Naturally, old tapes and past scripts will cause the client to resist. They will interrupt their own self expression in many ways and at times they will simply refuse to co-operate. Here the therapist has to work to make the client aware of these obstacles by giving them full responsibility for their neurosis. In Gestalt therapy there is no 'can't' but 'won't'. By getting the client to substitute 'won't for 'can't' they are able to get in touch with their own unused potential.

This positive approach method minimises the feelings of guilt. Unlike Freudian

simple concept - whenever one feels guilty find out what you are actually resenting and the guilt will disappear. Again the emphasis is on awareness - making the client aware of their resentment and consequently their reason for feeling guilty.
Throughout Gestalt methodology the importance of awareness cannot be overemphasised. Awareness is attention to what *is* happening rather than what was, will or should be. The therapist can encourage the client to increase their awareness by concentrating on external processes - sights, sounds and smells and then moving on to internal processes - physical sensations, tensions, thoughts and emotions. The therapist encourages the client to concentrate exclusively as possible on each, feeling and experiencing each part and thus gaining a more intimate knowledge of their body. This concentration on bodily feelings sharpens awareness of emotions. It is the main belief of Gestalt therapy that the extent to which a person becomes aware of their continuity of emotional experience will greatly determine the extent to which the client achieves self realisation - the goal of therapy.

EXPERIMENTATION

The use of experiments in Gestalt methodology is perhaps unique. Within the safe confines of a therapy situation whether individually or in a group, the client through experiments has the opportunity to behave, feel or think differently. The therapist must be well trained in order to create and design spontaneous experiments best suited for the client's needs.
In Gestalt therapy there is no right or wrong way of doing things. Everyone moves along at their own pace, no pressure is put on the client. Consequently, much of the effectiveness of Gestalt therapy is due to this very gentle approach.
Gestalt therapists require extensive training, including participation in their own therapy and supervised experience as a therapist. Reading books, attending a few Gestalt workshops or groups and learning a few basic techniques will not make someone a Gestalt therapist. However, these techniques can be an extremely useful supplement to a great variety of other therapeutic approaches without the practitioner necessarily gaining an understanding of basic Gestalt philosophy. Hopefully this article has clarified for some what Gestalt therapy is and will encourage others to learn and experience some of these techniques.

Liz Hafe

GESTALT THERAPY (FRITZ PERLS)

A synopsis for those people interested in training to be counsellors, by Jeanie Brookes.

Learning Points

The whole is greater than the sum of the parts.

Gestalt being the German word for "meaningful whole".

The Gestalt Therapist attempts to view the "whole" of the client's presentation of the relationship between the client and the therapist. A holistic approach is important.

The therapist looks for incongruencies in the clients verbal and non-verbal output and offers back these incongruencies.

The therapist focuses on both the verbal and the non-verbal clients output.

The therapist's attention is focused on shoulders, feet, sitting position, hand movements and facial movements.

The therapist does not collude with the client in the client's presentation of himself, and thetherapist, and offers interpretation of what is happening in the here and now.

The therapist brings the "story" into the "here and now" and does not concentrate on the "then and was".

Gestalt therapy is directive counselling, compared to the non directive approach of Carl Rogers.
The therapist needs training in order to prevent his attaching the importance of his own feelings to the clients output.

The therapist can use the empty chair method and role play to work through emotional disturbance.

The therapist can encourage the client to listen for justification and reversal of repeated statements.

The therapist can encourage the client to substitute 'can't' for 'won't'.

No 'shoulds' and 'oughts'.

The therapist is aware of transference and counter-transference.

The therapist aims at getting the client to own his own feelings, saying 'I' not 'one' or 'you'.

The therapist, when dealing with guilt, attempt to get the client to identify what the client is actually resenting and the guilt will disappear.

Remember the importance of awareness cannot be over-emphasised. Awareness is, what <u>is</u> happening is more important than what <u>was</u>, <u>will</u> or <u>should</u> be happening.

continued.....

The therapist can encourage the client to be aware of sights, smells, sounds and then moving into internal reactions of physical sensations, tensions, thoughts and emotions.

The therapist encourages the client to sort out the fantasies from the realities of what is happening to him.

The therapist can encourage the client to avoid having to justify himself to the therapist or others.

The therapist can encourage the client to give themselves permission to grieve, to be happy or to forgive themselves.

Remember, people have the right to state their needs:-

OUR RIGHTS

They have the right to:-

State their own needs;

Be treated with respect as an intelligent, capable and equal human being;

Express their feelings;

Express their opinions and values;

Say 'yes' or 'no' for themselves; (without feeling guilty)

Make mistakes;

Change their mind;

Say they don't understand;

Ask for what they want;

Decline responsibility for other people's problems;

Deal with others without being dependent on them for approval.

COMMENTS (by Fritz Perls)

"I am not here to live up to your expectations of me, nor you to live up to my expectations of you"

"You are you and I am me, and if by chance we meet each other, it is beautiful if we don't it is not my fault".

--oOo--

R.E.T.

RATIONAL EMOTIVE THERAPY

Founded by
Dr. Albert Ellis.

Behavioural Directive Therapy.

Problem Solving.

Gives a positive approach to emotional problems relying heavily on the imposition of values.

The Therapist turns all emotional statements into realistic logical ones that the client can identify with. Takes on the feelings of the client in role of target and counter transfers emotions.

- Confrontation
- Encounter Techniques.
- Assertive

Client: "I can't cope, everything's a mess"
Therapist: "Yes you can, you're here, you ate today, you went to work!"

Client "My husband's left me, nobody loves me"
Therapist "You've been loved before so you can be loved again.."

Ellis's central idea is to narrow the gap between therapy and education. By emphasizing the cognitive, problem-solving aspects of treatment, seemingly intractable emotional ambivalence – and most problems in living – can be argued down to size, then crushed by therapeutic authority.

Irrational Ideas that Cause and Sustain Emotional Disturbance

1. The idea that you must - yes, must - have love or approval from all the people you find significant.

2. The idea that you must prove thoroughly competent, adequate, and achieving, or a saner but still foolish variation; the idea that you at least must have competence or talent in some important area, otherwise you are worthless.

3. The idea that when people act obnoxiously and unfairly, you should blame and damn them, and see them as bad, wicked, or rotten individuals.

4. The idea that you have to view things as awful, terrible, horrible and catastrophic when you get seriously frustrated, treated unfairly or rejected.

5. The idea that emotional misery comes from external pressures and that you have little ability to control or change your feelings.

6. The idea that if something seems dangerous or fearsome, you must preoccupy yourself with it, make yourself anxious about it and keep dwelling on the possibility of its occurring.

7. The idea that you can more easily avoid facing many of life's difficulties and self-responsibilities than undertake more rewarding forms of self discipline. That inaction or inertia is the best way to maximum human happiness.

8. The idea that you have to be dependent on others and need someone stronger thanyourself to lean on and someone to look after you.

9. The idea that your past remains all-important and that because something once strongly influenced your life, it has to keep determining your feelings and behaviour today.

10. The idea that you should be quite upset by other peoples problems, concerns or worries and should carry these problems with you.

11. The idea that people and things should turn out better than they do and that you must view it as awful, horrible or catastrophic if you do not find the correct, precise or perfect solution to human problems.

LOGICAL LAZARUS

Multi-Module-Therapy.

A carefully graded programme. Go at client's own pace.

1. **Behavioural**
Help client to look at their behaviour patterns. Express what they'd like to change, stop doing or begin. Bring into.....

2. **Affective**
Look at their emotions both negative and positive. Express changes they'd like to make. Bring into.....

3. **Senses.**
Look at their sensations within themselves. Anxiety, migraine, trembling. Give permission to feel these fully. Bring into.....

HERE AND NOW

4. **Imagery.**
Look at self-image.
How others see you.
How you see you.
Use neuro-linguistic techniques. Bring into.....

5. **Cognitive**
Direct client to become more aware about their problems - Rationalise the emotive areas. Bring into.....

6. **Interpersonal**
Help client to take more control over their own lives. To believe they have rights. Bring into.

7. **Bioenergetics.**
Give client the opportunity to deal with emotions. Use cushion or empty chair method to relieve anger etc. Bring into

Be in control of what you want for yourself.

COUNSELLING SKILLS

CLOSURE OF INTERVIEWS

In counselling it is important to end the session sensitively and effectively. In order to do this you should be aware of the time contract you have made with your client. About ten minutes before the time you have set for the end, begin to move towards terminating the session. Of course, you may feel that you need to begin your closure activites. or 'zipping up' earlier if your client has been particularly upset, but generally ten minutes is adequate.

You can actually say to your client, 'We have ten minutes left before we finish, so I think it's a good time to bring together what we have covered in this session ....'

This can be done in a variety of ways:-

1) Ask your client what s/he feels has been important or of particular value in the session, and ask her/him to summarize it.

2) You, the counsellor, summarise the session pointing out important aspects from your perspective.

3) Jointly summarise the session.

When considering the summary it is useful to note the cognitive development that has taken place as well as the affective development. You may wish to compare the initial stages of the interview with the later stages. For example you could point out that at the beginning the client thought that her children were the main cause of her depression, but during the later part of the session she said she thought her relationship with her husband was at the root of it. Thus, you may find it valuable to reflect the difference, between the presenting problem, and the subsequently revealed issues

Look out for the Doorknob Syndrome: that is when the client is just about to leave, she has her hand on the doorknob so to speak, and then she says something very significant. An example which springs to mind is when a client said to me at the end of an hour long session, 'Oh, I left college this week!' It was a major life change but she didn't want to deal with her decision at that stage, but did want me to be aware of what was happening in her life. She obviously wanted more time before she discussed it with me. Make a note of 'doorknob' dialogues, they make a useful starting point for the following session.

In some counselling sessions there will be discussion about practical changes that the client wishes to make. This is particularly the case for those who are striving to become more assertive and wish to talk about how they can do so. Small, manageable tasks can be planned to be completed before the next appointment. Some clients find this 'homework' useful since it provides a psychological link between sessions. 'Motivational' closures include such statements as, 'Try the options out, see what you think' and 'Only you can take the decision in the end'. These are employed explicitly to facilitate future action. You might say 'The next time you find yourself in that situation consider using some of the tactics we discussed today'.

It is important that the client leaves you feeling valued and aware that s/he is responsible for his or her own life, even though it might be at a time of severe crisis. You, as the counsellor, are there to support, and assist the client, but are not there to make decisions for him or her. Each of us has the ability to solve our own problems but often lack the confidence, courage or permission to do so. Remember to break the inter-personal contact so that the individual does not feel shunned or rejected.

In essence we tend to remember best what we hear first and what we hear last, with the bit in the middle frequently being forgotten. This is another reason for paying careful attention to the introduction and conclusion of your counselling period.

Ivey and Authier (1978) state that summarising in a counselling setting: 'involves attending to the client, accurately sensing the feelings and

content being expressed, and meaningfully integrating the various responses of the client ... in such a way that the client may say, 'That's right, I never looked at it that way before', and continue on with the discussion of the issues'.

Brenda Mallon
BM/PD
March 1985

References:

Owen Hargie et al "Social Skills in Interpersonal Communication' have an interesting section on Set Induction and Closure, which you may find useful to refer to.

Ivey and Authier (1978) 'Microcounselling: Innovations in Interviewing, Counselling, Psychotherapy' Springfield, C.C. Thomas